L24000 258685

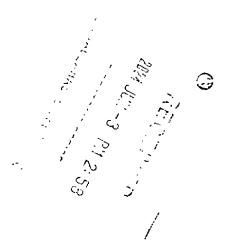
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NOLE INVESTMENT I	LLC	 _
Please Debit FCA0000000	003 For: 125	
Thank you Seth Neeley		
I hank you self receicy	<u></u>	-
ACT/		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy Photo Copy Certificate of Good Standing
		Photo Copy
		Certificate of Good Standing
		Certificate of Fictitious Name
		Certificate of Status Certificate of Fictitious Name Corp Record Search
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		Fictitious Search
Signature	Fictitious Owner Search	
Signature		Vehicle Search
		Driving Record
Requested by:		UCC For 3 File
Nama		UCC 11 Search
Name Da	ate Time	UCC 11 Retrieval
Walk-In W	ill Pick Up	Courier

June 7, 2024

TO:

Florida Department of State/Division of Corporations

FROM: Robert Feldman

RE:

W24000083518

To whom it may concern:

Last month I filed for Nole Investment, LLC and in error I listed it as corporation and not a LLC.

W240000081698

Please abandon this request.

Please process W24000083518.

Thank you.

Robert Feldman

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE II - Address:	st contain the words "Limited Lia			
		ability Company, '	"L.L.C.," or "LLC.")	
he mailing address and st	rect address of the principal offic	ce of the Limited I	Liability Company is:	
<u>Pr</u>	incipal Office Address:		Mailing Address:	
55 NE 5th Ave.	. Suite 500	55 NE	E 5th Avenue - Suite 500	
Boca Raton, FL	. 33432		Raton, FL 33432	
ther business entity wit	h an active Florida registration.)	egistered Agent, Y	ou must designate an individual (ΣΓ
ioiner business entity wit	npany cannot serve as its own Re th an active Florida registration.) street address of the registered ag Robert Feldman	egistered Agent, Y	ou must designate an individual (or
ioiner business entity wit	npany cannot serve as its own Re th an active Florida registration.) street address of the registered ag Robert Feldman	egistered Agent, Y	ou must designate an individual o	or
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ioiner business entity wit	npany cannot serve as its own Re th an active Florida registration.) street address of the registered ag Robert Feldman N 55 NE 5th Avenue - Suit	egistered Agent, Y gent are: /ame te 500	ou must designate an individual (or

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Robert Feldman	
	55 NE 5th Avenue Suite 500	
	Boca Raton, FL 33432	
		
		
(Use attachment if necessary)		
CLE V: Effective date, if other than the date of filing	s: (OPTIONAL)	
effective date is listed, the date must be specific an ite of filing.)	nd cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not	•
CLE VI: Other provisions, if any.		21
		<u> </u>
		Ź
DESCRIPTION OF CHARACTER AND ADDRESS OF CHARAC		
REQUIRED SIGNATURE:		0

Typed or printed name of signee

Robert Feldman